

DEC 29 2004

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PTO/SB/17 (11-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 10/01/2004. Patent fees are subject to annual revision.

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$1,088.00)**Complete If Known**

Application Number	10/027,370
Filing Date	12-20-2001
First Named Inventor	Robert Uyeki
Examiner Name	Dennis William Ruhl
Art Unit	3629
Attorney Docket No.	23484-031

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order☒ Deposit Account ☐ None

Deposit Account Number 50-1847

Deposit Account Name Manatt Phelps & Phillips LLP

The Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

to the above-identified deposit account.

☐ Other (please identify): _____**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING FEE**

Fee Description	Fee (\$)	Small Entity	Fee Paid (\$)
		Fee (\$)	
Utility Filing Fee	790	395	
Design Filing Fee	350	175	
Plant Filing Fee	550	275	
Reissue Filing Fee	790	395	
Provisional Filing Fee	160	80	

Subtotal (1) \$0.00**FEE CALCULATION** (continued)**2. EXTRA CLAIM FEES**

Fee Description	Fee (\$)	Small Entity
		Fee (\$)
Each claim over 20	18	9
Each independent claim over 3	88	44
Multiple dependent claims	300	150
For Reissues, each claim over 20 and more than in the original patent	18	9
For Reissues, each independent claim more than in the original patent	88	44
Total Claims 26 - 20 or HP = 6 Extra Claims 6 Fee (\$) 18 Fee Paid (\$) 108.00		
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims 3 - 3 or HP = 0 Extra Claims 0 Fee (\$) 0 Fee Paid (\$) 0.00		
HP = highest number of independent claims paid for, if greater than 3		
Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

Subtotal (2) \$108.00**3. OTHER FEES**

Fee Description	Fee (\$)	Small Entity
		Fee (\$)
1-month extension of time	110	55
2-month extension of time	430	215
3-month extension of time	980	490
4-month extension of time	1,530	765
5-month extension of time	2,080	1,040
Information disclosure stmt. fee	180	180
37 CFR 1.17(q) processing fee	50	50
Non-English specification	130	130
Notice of Appeal	340	170
Filing a brief in support of appeal	340	170
Request for oral hearing	300	150
Other: _____		

Subtotal (3) \$980.00**SUBMITTED BY**

Signature

Registration No. 42174
(Attorney/Agent)

Telephone (650) 812-1300

Name (Print/Type) Jinntung Su

Date December 27, 2004

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36297
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/027,370
	Filing Date	12-20-2001
	First Named Inventor	Robert Uyeki
	Art Unit	3629
	Examiner Name	Dennis William Ruhl
Total Number of Pages in This Submission	Attorney Docket Number	23484-031

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard, Authorization to Charge Deposit Account 50-1847; and Certificate of Mailing
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Manatt Phelps & Phillips LLP		
Signature	<i>[Signature]</i>		
Printed name	Jinming Su		
Date	December 27, 2004	Reg. No.	42174

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>[Signature]</i>		
Typed or printed name	Sheena Hicks	Date	December 27, 2004

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